## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

## **Facility Information**

Facility Name: AURORA RES ALTERNATIVES INC 039 (0008618)

Address: 1280 12TH AVE, BALDWIN, WI 54002

**License Status: REGULAR** 

Licensed/Certified/Registered 06/15/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey	History

Survey ID: 0097347 End Date: 06/22/2006 Type: OTHER Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0096961 End Date: 04/20/2006 Type: ABBREVIATED Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10010077 Served 05/05/2006

Deficiencies Cited Subject Area <u>Verified</u> Corrected

Compliance

88.03(2)(b)2 PROGRAM STATEMENT

88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN

88.07(2)(a) SERVICES 88.10(3)(q) MEDICATIONS

Survey ID: 0092677 End Date: 05/20/2004 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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